

**KENTUCKY BOARD OF
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY**

02/20/02

P.O. BOX 1360
FRANKFORT, KENTUCKY 40602
<http://www.state.ky.us/agencies/finance/occupations>

**APPLICATION FOR LICENSE
SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

PLEASE PRINT OR TYPE

1. NAME: _____ S.S. NO. _____

2. NAME AS IT APPEARS ON TRANSCRIPT: _____

3. ADDRESS: _____
Street City State Zip Code

4. TELEPHONE: Home () _____ Work/School () _____

5. U. S. CITIZEN: [] Yes [] No If no, have you declared your intention to become a citizen? [] Yes [] No

6. DATE OF BIRTH: _____

7. Have you ever applied for licensure in Speech-Language Pathology in Kentucky? If yes, give license number and/or reason for denial: _____

8. Name of other state(s) in which you hold a license. _____

9. Have you ever had a license denied, suspended or revoked in any state or have you ever received a reprimand as a result of unethical, immoral or illegal conduct by any licensure board or agency? [] Yes [] No If yes, explain: _____

10. Have you ever been convicted of a felony? [] Yes [] No If yes, explain: _____

11. PROFESSIONAL EXPERIENCE (Begin with Current Position)

<p>Employed: From Mo. ____ Yr. ____ To Mo. ____ Yr. ____</p> <p>[] Full-Time [] Part-Time _____ hrs./wk</p> <p>Title or Position _____</p> <p>Name of Employer _____</p> <p>Address of Employer _____</p>	<p>Describe Your Duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Employed: From Mo. ____ Yr. ____ To Mo. ____ Yr. ____</p> <p>[] Full-Time [] Part-Time _____ hrs./wk</p> <p>Title or Position _____</p> <p>Name of Employer _____</p> <p>Address of Employer _____</p>	<p>Describe Your Duties</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Do Not Write Below This Line- -For Board and Office Use Only

FEE RECEIPTED

Amount \$ _____ Date _____

Lic. No. _____ Date _____

BOARD REVIEW DATE _____

[] Approved [] Denied

Members _____

EDUCATION

School	Names and Locations	Dates Attended		Date of Graduation		Number of Hours or Credits	Degrees Obtained
		From	To	Month	Year		
UNDER-GRADUATE SCHOOL							
GRADUATE SCHOOL							

12. Work Setting – School System: _____ School Name(s): _____

Address: _____
Street City State Zip Code

NOTE: All degrees applicable to Licensure must be documented by an OFFICIAL transcript sent directly from the educational institution to the board. Photocopies of transcripts or transcripts issued to student are not acceptable.

13. Licensees must provide a postgraduate professional experience report, completed by each speech-language pathologist who has provided supervision during your interim licensure period.

14. Licensees must submit the completed Speech-Language Pathology Assistant Postgraduate Professional Experience evaluation form and PPE report completed by the supervisor.

15. An initial licensure fee of seventy-five (75) dollars must be attached to this application and mailed to P.O. Box 1360, Frankfort, Kentucky, 40602. All checks or money orders should be made payable to the ***Kentucky State Treasurer***. **DO NOT SEND CASH.**

AFFIDAVIT

I do hereby swear or affirm that the above statements made by me on this application are true, complete and correct to the best of my knowledge.

APPLICANT'S SIGNATURE: _____ DATE: _____

AGREEMENT TO PROVIDE SUPERVISION

I, _____, do hereby agree to provide supervision as required by KRS 334.035 (2) and as defined by 201 KAR 17:027 for _____ to function as a speech-language pathology assistant during the period of this license.

I further agree to accept responsibility for the practice and activities of the above named individual in his/her capacity as a speech-language pathology assistant.

I acknowledge that the failure to utilize this person appropriately as a speech-language pathology assistant and to supervise in accordance with the above cited provisions of Chapter 334A of the Kentucky Revised Statutes and the administrative regulations promulgated thereunder, shall be considered as aiding and abetting an unlicensed person to practice speech-language pathology as described in KRS Chapter 334A.

Supervisors Signature

Date

Street Address

Phone Number

City, State, Zip Code

SLP License or Certificate Number
(You must attach a copy of your Kentucky Teaching Certificate if you do not hold a Kentucky SLP license)